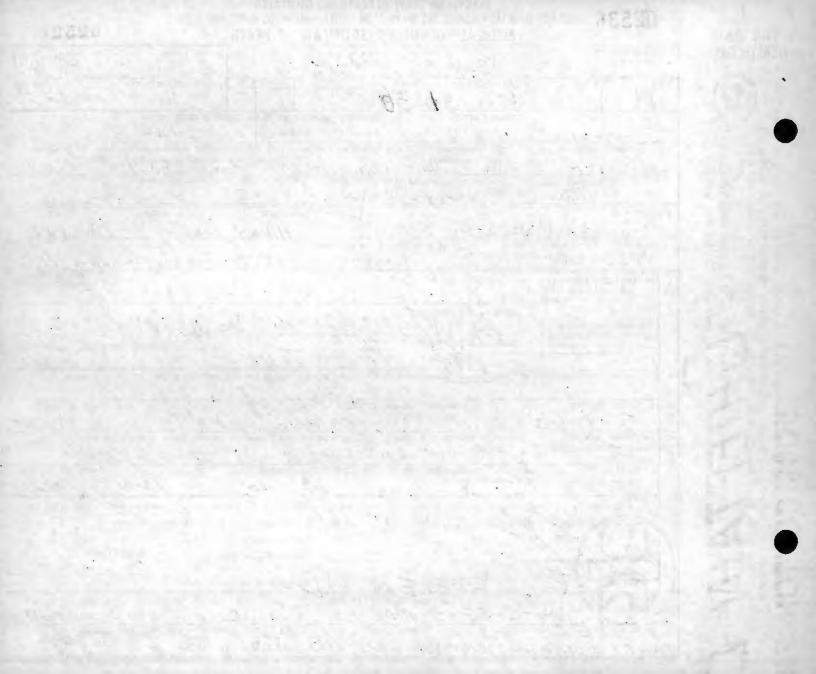
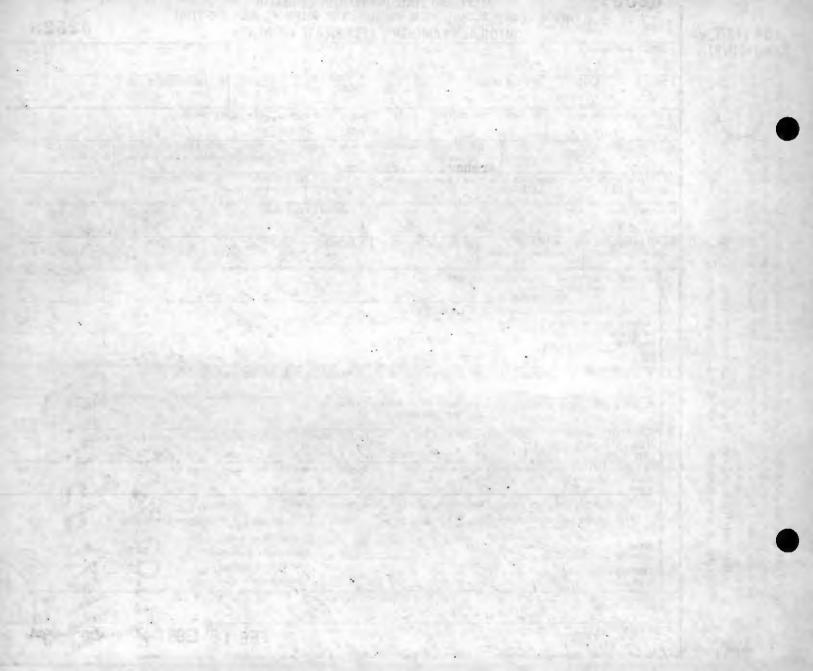
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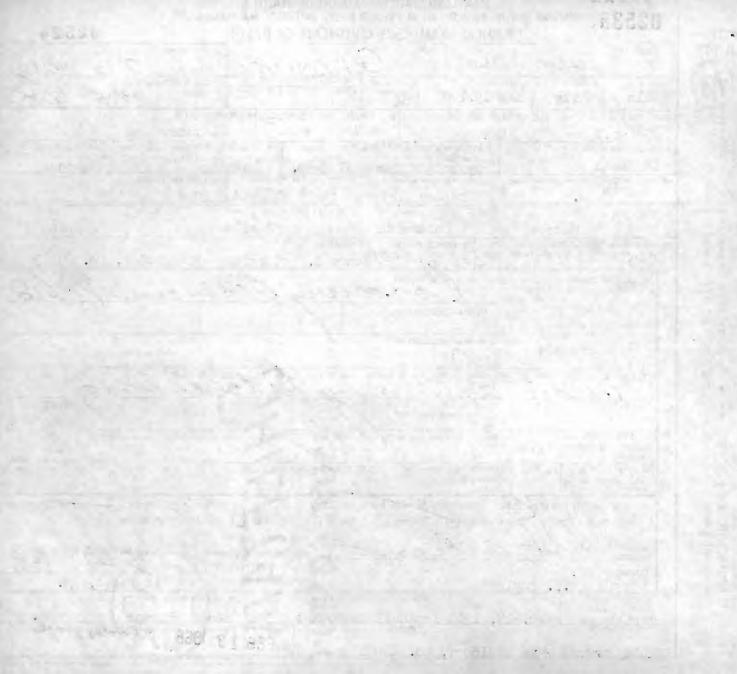
7	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	02536 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02522
HEALTH DEPT.	
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d within 24 in pencil in Examiner's File pages in 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) Hyes one wor or dote at some 212-38-8291 GEORGE W. BURCH, HVGHES VILLE, MD.
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ICAL Itar. Pe ed for ed for burial	death resulted fregat. Menural causes . Accident . Suicide . Hamicide . Undetermined manner
please (directar retained)	CHIEF MEDICAL EXAMINER
	SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED
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O DEPU necessor the fun 5 may 0 FUNE Health	230. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d ACCATION (City or Town) (County) (Stote)
	BURIAL 2-5-68 STMARVS CEM. BRYANTOWN CHARLES MD.
1	24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5).	HUNTT FUNERAL HOME, WALDORF, MD. DATEB 6 1968 followers Judge:



1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
4	Them 11 Film 1398 2 200 Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02523
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	UNUNO
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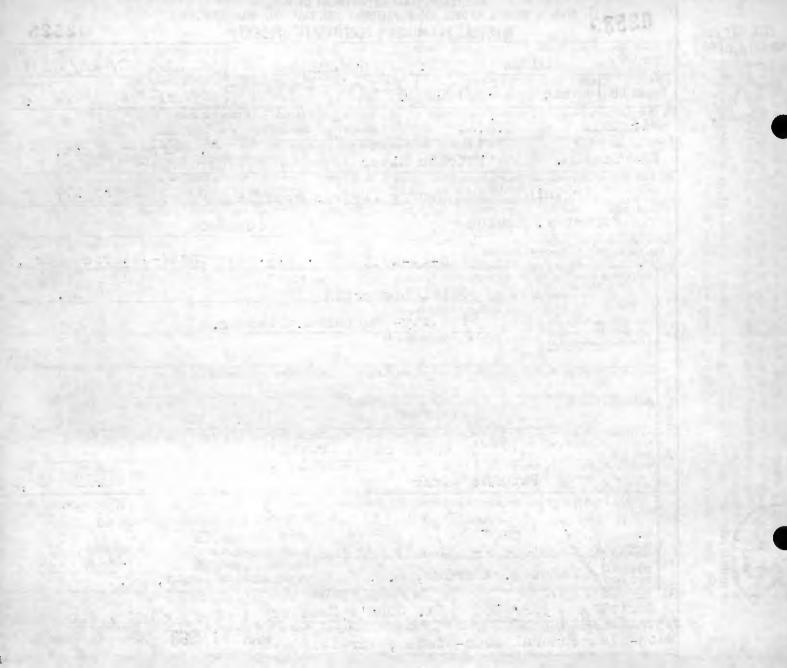


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NER e cer shoul files. 3 sha atian	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PI	P.M. LACE OF INJURY (At hame, farm,	19 street	21f. LOCATION Street	or R.F.D. No.	City or Town	Caunty State
		WHILE NOT WHILE fact	ary, affice building, etc.)					,
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CALE executor. Paged for CIOR: P		death resulted from://		Accident '		Hamicide .	Undetermined manne	
please el director. retained or to bur			1 1 0			EF MEDICAL EXAMINE	R 🔲	Compa
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118/68		Rurial Fe	b. 17, 1968 In	manuel ADDRESS	Methodist	25g. REC'D BY REC	Raden Prince	
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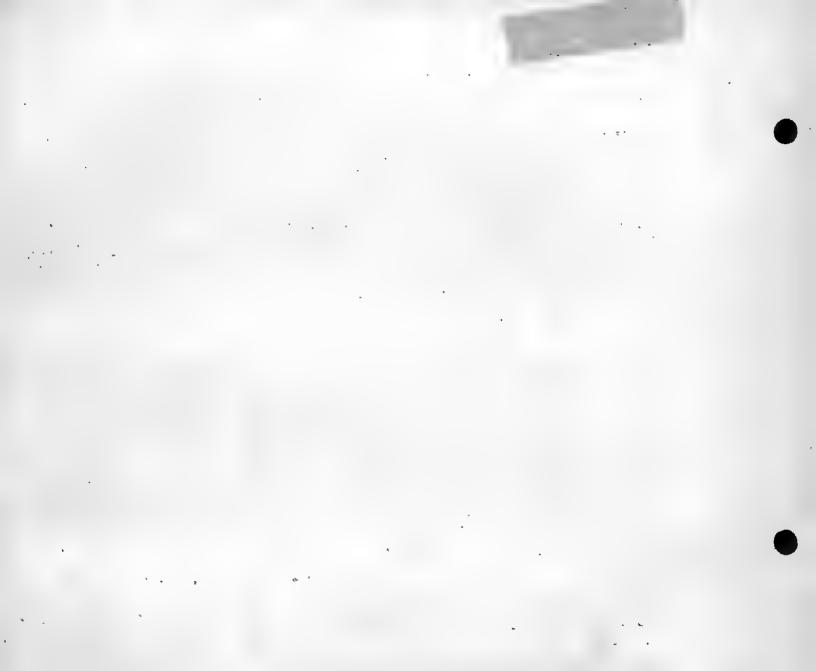
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02525 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. DECEASED-NAME First Middle Yeor 2b. HOUR 20. DATE KNOWN Month (Type or Print) ESTI-LOULA GOULDIN DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR Female White 4/28/1902 6PM 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH land 2 with the State De countrginia U.S.A. Office olong with form CHARLES WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (May be well done during most of working life, even it retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Charles Co. gwPotomac River rarm 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATEVirginia 3b. COUNTYing George Fredricks Bir 20 X Route Box 477 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Forest P. Tayloe Lula Dickinson 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Route #2 Mrs. W.T. Burroughs-Fredricksburg. Va 228-44-6785 event within certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fatal Summerson Im. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Sinality- Mental Depression. Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [] NOX be 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Month, Day, Year 21a. EXTERNAL CAUSE WAS 3 should PRIMARY OR CONTRIBUTING Drowning CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State for Potionidic of River WHILE NOT WHILE AT WORK Charles Co, Md 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection K. Inquiry K ond in my opinion deoth resulted from: Notural couses Accident Suicide X, Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 2/28/1968 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO FUN. Health James Andrews, M.D. ADDRESS(St. Indianor bland, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. ŁOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (State) BEMOWAL (Secrity) /1968 St. John's Cemetery King George . Virginia Minde Vincinia Jose MAR 1968 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



l '	CERTIFICATE OF DEATH	2525
death.	CEASED NAME 201 DATE OF DEATH Appe or print) Lules, Baby February 10	Year 1968
s after	Male. 4. RACE Vegro. 5. DATE OF BIRTH OF Feb 68 6. AGE (n'years last birthday) YRS. WONT	NDER 1 YEAR 1F JNDER 24 HRS.
24 hour	IRTHPLACE (State or foreign 17b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH CHARLES	M
of the deoth certificate be executed within 24 the attending physician and completely filled sit permit. Then please remove carbon papanotion, or removol, and in any event, within	A VLATA graphet address llemor rol during most of working life, even if retired)	26 KIND OF BUSINESS OR NDUSTRY
ate be executed in cian and completions remove can ond in ony event,	DESCRIPTION OF TOWN 13d INSIDE CITY LIM IS? 13e_STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c CITY CITY LIM IS? 13e_STREET AND NUMBER 13b. COUNTY	
s be ex	ATHER'S NAME: First Middle Lost IS. MOTHER'S MAIDEN NAME, First Middle OLIVER LYIES LOST	Lost
rtificate physicie en plea ovol, or	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT OF SOCIAL SECURITY NO 17 INFORMANT OF SOCIAL SECURITY NO 17 INFORMANT OF SOCIAL SECURITY NO 18 INFORMANT OF SOCIAL SECURITY NO 18 INFORMANT OF SOCIAL SECURITY NO 18 INFORMANT OF SOCIAL SECURITY NO 19 INFORMANT OF SOCIAL SECURITY NO 10 INFORMANT OF SOCIAL	25 COOL des
thot the deoth certific an. by the attending physi transit permit. Then pl cremotion, or removol,	18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Tesperaty Collayer	BETWEEN ONSET AND DEATH
equires that the death physician. signed by the attendi burial-transit permit. buriol, cremation, or r	Conditions, if any, which gove) nse to immediate couse (a), (b) (b) (b)	
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IDING PHYSIC 1 by the hospi After this certi 1 be detached 5 State Dept. of	While Not while at work of work of the wor	unty State
	22a. I certify that (1) (this hospital) attended the deceased from 10 fall 19 lab, ta 10 fall 19 lab, ta saw the deceased alive an 10 fall 19 ond that in (my) (aur) apinion death occurred on the date a causes stated above, (1) (we) (did) (did not) view the bady after death.	f, that (I) (we) las nd hour ond from the
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		SIGNED TWO 68
O HOSPITAL OF Page 4 may be DIR UREAL DIR director, page 3 should be filed	22d PHYSICIAN'S A. O. WOODDY 22e. ADDRESS NAME (Type) A. O. WOODDY 22e. ADDRESS ARWOOD CLINIC, LAPLATA	. Md,
TO HO: Page TO FUN direct	EMOVALISPECITY 2/11/68 Mt. From Ch. Com. Walland, Chas.	ounty (State)
VR A15 (4) 30M REV. 1/68	Martell adams address 250. REC'D BY REGISTRAR 258. REGISTRAR'S SIGN Martell adams adams and DateFEB 16 1968 Therefore	

MAKTLAND STATE DEPAKTMENT OF HEALTH

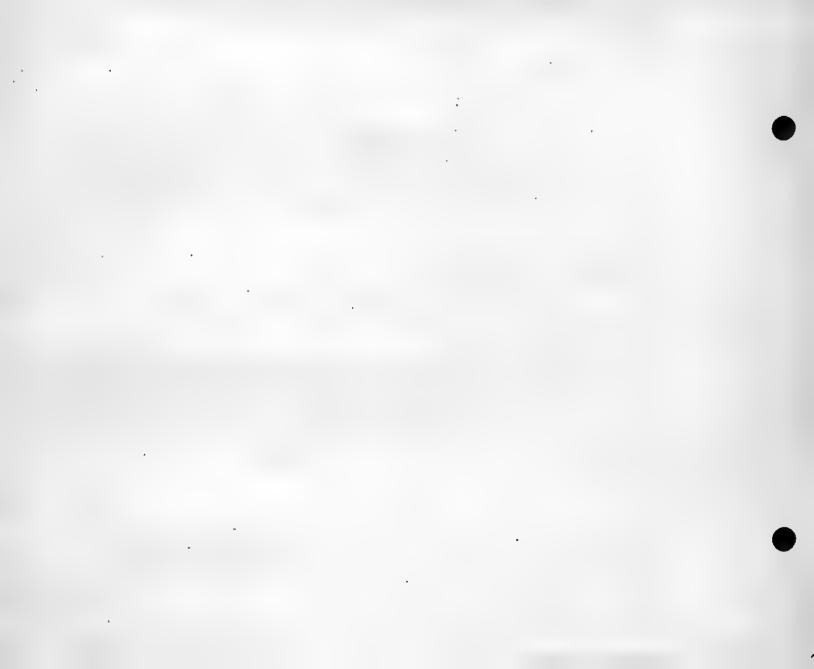


) 1	MARYLAND STATE DEPARTMENT OF HEALTH	7 AND 01001
OR STATE	92541 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
ALTE DEPT.	DECEASED NAME First Middle Lort	20 DATE KNOWN Month Doy Yeor 25. HO
28 6	(Type or Printaurence H. Silver Jr.	OF ESTI- DEATH MATED 2-24-6819 2:1
partment	Male 4 RACE S 8-19-1919 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Vost burnday) MONTHS DAYS HOURS MIN	2c. DATE PRONOUNCED DEAD 2. DATE PRONOUNCED DEAD 2. Port 19 2. Por
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after deoth	30 USUAL RES DENCE (Where deceased I ved, if institution: Residence before 13 CTT OR LOWN odmission) STATION TOWN 13d. INSIDE CITY JUNIES? Odmission) STATION TOWN 13d. INSIDE CITY JUNIES? VES A NO VES A NO	7940-Dunhill Village
3	Laurence H.Silver Sr. 15. Mothers maiden Name First Laurence H.Silver Sr. 15. Mothers maiden Name First Grace Davids	son 17940 Dunhill Villa
	so WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wear or dates al service) 16b SOCIAL SECURITY NO 214-38-7090 17. INFORMANT 17. INFORMANT 18 ACE 18	1 21LV - Inness Cincle -Ballto, IVEV
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Coronary Occlusion	APPROXIMATE INTEPVAL BETWEEN ONSET AND GEATH
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	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	lost. (c) Aging Process	Indefinit
	PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(o)
ı	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION	Log Autorovo
l	196. COND TION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Dov. Year 21c HOW INJURY DECURRED (Enter part)	20 AUTOPSY? YES [7] NO [5]
	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 211 INJURY OCCURRED (Enter not.)	ure of njury in Port 1 or Port 2, Item 18.)
	21d INIURY OCCURRED WHILE AT WORK AT	City or Town County Stati
		spection Inquiry and in my apini
	death resulted from Notural cause X. Accident . Suicide . Homicide	Undetermined manner
	CHIEF MEDICAL EXAMIN	
1	SIGNATURE M.D. ASSISTANT MED CAL EXA	7 = 74 = 74
	EXAMINER'S James E. Andrews MD DEPUTY MEDICAL EXAM ADDRESS (Street, city, to	INERA A.
-		LOCAT ON (City or Joseph) (County) (State)
	4. FUNERAL DIRECTOR APPRESS T : 1 250. RECD BY RE	G STRAR 250 REGISTRAR S SIGNATURE
+	ORING BYERS FUNERAL HOME RANGATISLOW MALE FEB	29 1968 Killiantes Jung

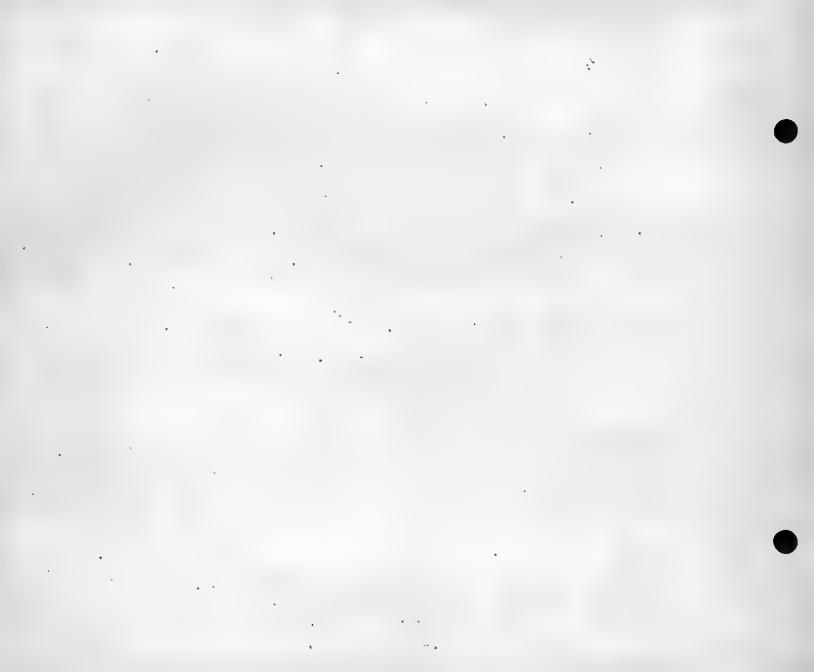


4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2523
HEALTH DEPT/	1 DECEASED-NAME First Middle Last 20 DATE KNOWN[X Month Day	
	LLOYD SMITH DEATH MATED Teb. 3	, 1968 р. м
deloy Par	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 IRS 24 DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MIN. Month Day	141 HOAR
> 5	male negro 2-2-1938 33 YRS February 3.	^{year} 1968 pM
- 50	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY) S.C. WIDOWED DIVORCED Charalas	
de for te	Charles	Ms
after death S. Give Pages along with far with the State	give street address) IND.	KIND OF BUSINESS OR STRY
er d Sive	LaPlata LaPlata Hospital Truck driver 13a USUAL RESIDENCE (Where deceased ved, 1 anst tut on Residence before 13c CITY OR TOWN 13d INSIDE CITY UM 157 13e STREET AND NUMBER	
18. Give along a with death	1 CTATE	t
24 hours in Item It r's Office es Land 2	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Smith Celian M	lurray
nin ncrl n ne n ne hau	(Yes, no., or unknown) Unknown (Unknown) Unknown (249-72-5711 Mrs. Celian Smith #2 Girard St.	N.E.
	.8 CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Internal Bleeding Due to Stab Wound Of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be exe rd "pendii Chief Mei transit pe try event v	Conditions, if any, which gave) **MINISTENSIAL SALESMENT Chest involving Heart and Lung	
shauld the C the C urial ti	rise ta immediate cause (o), stating the underlying cause last.	
certificate s writing the irwarded ta used as a bu naval, and a	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
te, writin farward ie used a remaval,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This cricate, to be far fem ar fem	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2. Item 18	YES 🔀 NO 🗆
fica fica fica fica fica ld b		i.)
NER: Tertifice have a biles.	PRIMARY X OR CONTRIBUTING HOUR A M. UNK PM 2/3 19 68 stabbed during altercation	
3 4 5 5	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21t LOCATION Street or R.F.D. No. (ity or Town Co.	unty State
XAI the 1 the 1 you oge cre	AT WORK AT WORK TO AT WORK TO BUILDING, etc.) Waldorf	Maryland
ICAL E executor Pared for CTOR: burnel,	22a. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection , Inquiry ,	and in my apinian
Sic e ctor ctor and but	death resulted fram: Natural causes, Accident, Suicide, Hamicide X, Undetermined manner	
please I direct arrestaine	ACTUAL 11 6 C 5 5 C 5 5 C 5	
JIY, please eral directed be retain RAL DIRE	SIGNATURE ALL SIGNAL MEDICAL EXAMINER LA	
DEPUTY SICAL EXAM Stessary, please execute the ### funeral director Page 4 may be retained far your FUNERAL DIRECTOR: Page adith priar to buriol, cren	LARIMIEN TY	2/5/68
necessary, in the funeral 5 may be r 10 FUNERAL Health prid		-6.3 (F) - 1
5	REMOVAL (Specify)	,,
ì	Buried 2/8/68 Harmony Mem. Park 7601 Cheriff Rd. r Links of Decider 1 Character 1 Charact	JJRE
VR A15ME (5) 10M REV 1 68	ashin ton runeral shaper 475 h breet N. W.	Judge

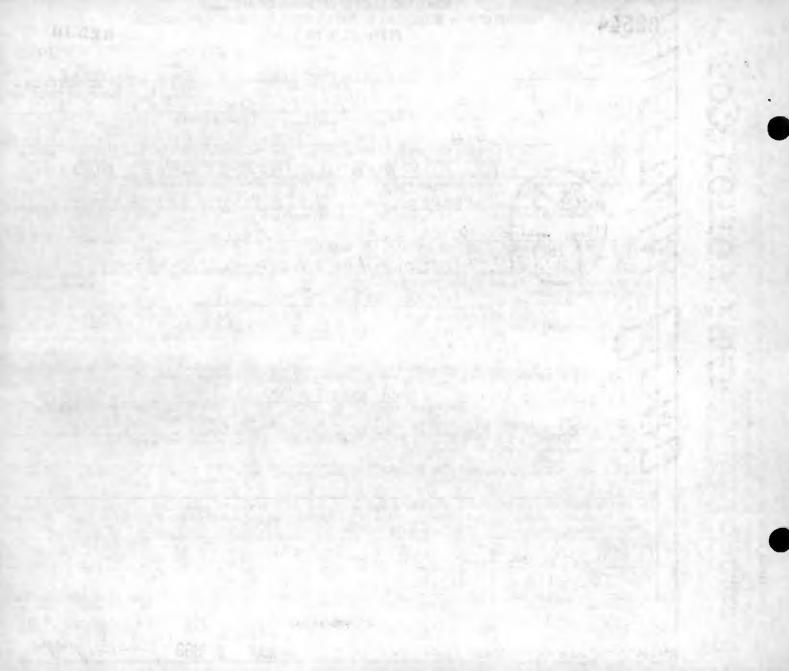
MAKTLAND STATE DEPAKTMENT OF HEALTH



	MAKTLANU STATE DEPAKTMENT OF HEALTH
FOD CTATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE	
HEALIH DEFT.	(Type or Print)
A 450	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (n years 15 JINDER 1 YEAR 15 JINDER 24 MRS 2c DATE PRONDUNCED DEAD 2d HOUR
कें चुंडि कें	Female Negro Sept. 16, 1948 ast poddowy Months Days Hours Min Month Feb. Day 9, Year 19 682:15
2, 2, 00 Po	70 BIRTHPLACE (State or toreign 75. CIT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED N. Y. COUNTY OF DEATH
- 5-3	Charles M. WIDOWED DIVORCED Charles
State of the state	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to 12a. JSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
5 0 E	La Plata give street oddressitate Route #225 dtringroot of working fe even if refired INDUSTRY INDUSTRY
after 8. Giv alang w.th t	130 HSUBAL RES DENCE / Where deceased lived if institution: Residence before 13c CITY OR TOWN 13d #ISDE CITY LIMITS? 13e STREET AND NUMBER
v - c ~	odmiss on) STATE Md. 136 COUNTY Charles La Plata YES NO NO Route #3
Item 11 Office 1 and 2	4 FATHERS NAME First Middle Last IS MOTHERS MAIDEN NAME First Middle Last
	C. Bernard Wilson Mary B. Cole
i within 24 in pencil in Examiner's F le pages in 72 haurs	160. WAS DECEASED EVER NUS ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS INFORMANT
within pencil kamine Te pag	(Yes, no, acpthown) (If yes give wor or doiles of service) 219-48-9278 Mary B. Cole-Mother- Rt. #3, La Plata
9d - iii	18 CAUSE OF DEATH (Enter only one couse per interior (o), (b), and (s).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ld be executed in Chief Medical Efransit permit. F ny event within	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ONON ON ON MINITER
- 종필로 유닉	DUE TO, OR AS A CONSTQUENCE OF 1
bed 'p' 'p' 'p' 'p' 'p' 'p' 'p' 'p' 'p' 'p	(conditions, if any, which gave asset a immediate cause (a), (b)
282 53	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF TO A CONSEQU
she v to the burn	(i) The proof of the post of t
is certificate shee, worting the farwarded to the used as a burremayal, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
is certific farward farward e used as	196 CONDITION 196 CONDITION FOR WHICH OPERATION 20, AUTOPSY?
certification of the certifica	WAS PERFORMED? YES NO FINANCIAL NO FINANCIA
	WAS PERFORMED? WAS PERFORMED? YES NO 210 EXTERNAL CAUSE WAS 21b TIME GE IN.URY Month, Day, Year 21c How INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 100 MB).
tertification and the standard the standard the standard the shauld then, a	
INE e ce shar files 3 sh atro	PRIMARY OR CONTRIBUTING HOUSE AN 2 - 9 INCE CAN HIT COMMENT OF DEATH [AUSE OF DEATH 2 d. N.JRY OCCURRED 21e P.ACE OF JAJJRY (At home, form, street, 21f LOCATION Street of R.F.D. No. 2 River Town County State
KAMINER: te the cert ge 4 shoult your files. age 3 shau cremation	AT WORK AT WOR
	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry ond in my opin on
ICAL exector. Post for Cross	deoth resulted from: Matural couses , Accident , Suicide , Homicide , Undetermined monner
dase rect rect aline IREC	CHIEF MEDICAL EXAMINER
2 2 0	ACTUAL SIGNATURE A SOCIETA M.D. ASSISTANT MED CA. EXAMINER 226 DATE SIGNED
	EXAMINER'S // DEPUTY MED CAL EXAMINER D 2-9-60
To DEPUTY necessary, the funeral S may be r To FUNERAL Health price	NAME (Type) // -). F J) F / JZ N PORESS(DOTE BOTH SOWN) Octounty)
5 and 5 5 mm	230 BURIAL (REMATION 230 DATE 230 NAME OF CEMETERY OR CREMATORY 230 LOCAT ON (City or Town) (County) (Stote)
*	Burial 2/12/1968 St. Mary's Cemetery Newport, Maryland
W. W. W.	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE
VR A15ME [5] T	Arehart Funeral Home, IncLa Plata, Md. off B 1 3 1968 Company



_^	1	1	02544 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	- (7)	7)	CERTIFICATE OF DEATH 02530
10	# 24	1	1. DECEASED-NAME First Middle ; Jost 20. DATE OF DEATH 2b. HOUR
a	death and and		(Type or print) THOMAS EDWARD WILLIAMS FEB. 26, 1968 M
1			3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS.
-			MALE CAU, Aug. 19, 1916 lost birthday) YRS. MONTH'S DAYS HOURS MIN.
	hours P P		70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH (country)
	d h		D.C. U.S.A. WIDOWED DIVORCED CHARLES Md.
	fille fille fille	10	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
	requires that the death certificate be executed within 24 physician. signed by the attending physician and campletely filled (burial-transit permit. Then please remaye carban pape aburial, crematian, ar remayal, and in any event, within 75	52	LA LATA PHYSICIANS MEM. HOSD OFFICE WORK PHONE CO.
	red car	x Di	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	cam cam cam	08	TITO! HEIGHTS A TITOTHER PLACE
	and rem	1	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
	e be		WILLIAM E. WILLIAMS ANNIE OLIVER
	icat /sici		16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, np. gr-upknown) (If yes, give, wor or plates of service) Address Address
	ph)		WWII 578-18-5105 ANNIE WILLIAMS, FOTOMAC HOTS MD.
	th c		PART I. DEATH WAS CAUSED BY:
	dea then then then then then then then then		IMMEDIATE CAUSE (0) TUMONARY & WOLLSON
	the dr		Canditions, if ony, which gove) DUE TO, OR ASTA CONSEQUENCE OF THE POWER STATE OF THE CONTROL O
	hat h. y # snsi		rise to immediate cause (o), (b)
	icial icial id b id b il-tro		stating the underlying cause last. 4/4/X/
	OR ATTENDING PHYSICIAN: The law requires that the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the je 3 shauld be detached far use as the burial-transit ed with the State Dept. of Health priar to burial, trematif		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	ng I		Winds Hearing Post aniegolise.
	law endi be be the the the the the the the the the th		196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY2 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	oth has se of th p	1	190. DATEOFORERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INVIREY OF UNIVERS OF DEATH? 211. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INVIREY OF UNIVERSOR OF DEATH? 212. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INVIREY OF UNIVERSOR OF DEATH?
	In ar		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1, Item 18.)
	of the of the		Ell either, notify medical examiner) P.M. 19
	PHYSICIAN: te haspital a his certificate stached far Dept. of Hea		21d. INJURY OCCURRED While Not while 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
	the Det		at work of work
	ATTENDING etained by the CTOR: After should be d		22a. I certify that (I) (this haspital) attended the deceased from 1950, and that in (my) (aur) apinian death accurred an the date and haur and from the
	TEN ined ined the		couses stated above, (I) (we) (did) (did not) view the bady after death.
	A SHOP OF SHIP		226. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
	OR be r		Children Markens, M.D. DEGREE PHYS. DIRECTOR, D STAFF DIRECTOR, D PHYS. D. 2728/68
	AL AL Page Page	1	22d. PHYSICIAN'S NAME (Type) A PT 10 0 M WATE 10 0 PT 10 0 M
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled firedirector, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papely shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72	1	The tribution of the tribution
	Page O FUN		230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (State)
	F F	D	BONGVA (Specify) 3-1-68 TRINITY EPISCOPAL NEWFORT, CHARLES MD. 24. FUNERAL DIRECTOR 250, REC'D BY REGISTRAR'S SIGNATURE.
	VR A15 (4 30M REV. 1	(88)	HUNTT FUNERAL HOME, WALDERF, MD. DAIE MAR 5 1968 Cliarles Judge
			THE THE TOWN TO THE TOWN TO THE WATER OF THE TOWN THE TOW



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First 20. DATE KNOWN (Type or Print) OF ESTI-3 ta Page S. DATE OF BIRTH IF UNDER 24 HRS 3. SEX 4. RACI 2c. DATE PRONOUNCED DEAD Manth 12-29-5 SEE A 76. CITIZEN OF WHAT COUNTRYS 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 1. COUNTY OF DEATH country) WIDOWED I DIVORCED the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USDAV OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR farwarded to the Chief Medical Examiner's Office along with orking life, even it retired.) INDUSTRY give street oddress) death. 130. USUAL RESIDENCE 1Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY l and 2 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last First 2 pages pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** (Yes, na, or unknown) (If yes give war or dates of service) F. 6 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for 16) executed BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE O burial-transit Canditions, if any, which gave rise ta immediate cause (a). shauld writing the ward DUE TO, OR AS A CONSEQUENCE O stating the underlying cause 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) certificate QS remayal nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, pe 210. EXTERNAL CAUSE WAS 216, TIME OF INJURY Month, Doy, Year 21c. HOW NJURY OCCURRED (Enter nature of injury in Part 1 en Part 2, Item?) 3 shauld PRIMARY AOR CONTRIBUTING crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21d. INJURY OCCURRED 24. LOCATION Street or R.F.D. No. factory, office building, etc. WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy Inspection -Inquiry ond in my opinion Noturol couses Accident Suide deoth resulted from: Homicide 4 Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 0 23a. BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OF CREM 23d. LOCATION LETTY of Town) (County) REMOVAL (Specify) 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REQUSTRAR'S SIGNATURE VR ATSME (S TOM REV. 1